

CHAPTER IV

Agency Goals, Objectives, Strategies, and Performance Measures

PROPOSED 2004-2005 BUDGET STRUCTURE

AGENCY GOALS

- **PUBLIC HEALTH PREVENTION & PROMOTION**
- **COORDINATED MEDICAID SERVICES**
- **PROMOTE EQUITABLE ACCESS TO HEALTH CARE**
- **COORDINATED HEALTH SYSTEM**

Since its submission on April 2, 2002, the Texas Department of Health's proposed 2004-2005 budget structure is pending the approval of the Legislative Budget Board and the Governor's Office of Budget and Planning. Newly proposed performance measures are in **bold text**. Proposed deletions of performance measures have text ~~struck out~~.

GOAL A PUBLIC HEALTH PREVENTION & PROMOTION

- Ensure that prevention, promotion and education are integral parts of all public health services.
- Reduce health hazards, support resistance to health threats and promote disease control.
- Promote individual and community involvement in improving personal and environmental health.

OBJECTIVE A.1: CONSUMER & ENVIRONMENT

To identify, prevent and solve the most significant consumer, environmental, occupational and community hazards by 2007.

Outcome 1 Percentage of Inspected Entities in Compliance with Statutes/Rules

STRATEGY A.1.1 BORDER HEALTH & COLONIAS

Develop and implement programs designed to assist in the reduction of consumer, environmental, occupational, and community health hazards along the Texas/Mexico border and in the “colonias” in a binational effort that coordinates with local providers and community leaders.

Efficiency 1	Average Number of Days for Surveillance Activities
Output 1	Number of Surveillance Activities Conducted
Output 2	Number of Citizen/Community Activities Implemented

STRATEGY A.1.2 FOOD (MEAT) & DRUG SAFETY

Design and implement uniform and effective programs to ensure the safety of food, drugs, and medical devices.

Efficiency 1	Average Cost Per Surveillance Activity & Field Investigation Conducted
Output 1	Number of Surveillance Activities Conducted
Output 2	Number of Enforcement Actions Taken
Output 3	Number of Licenses/Registrations Issued

STRATEGY A.1.3 ENVIRONMENTAL HEALTH

Develop and implement comprehensive, uniform and effective risk assessment and risk management programs in the areas of consumer products, occupational and environmental health, and community sanitation.

Efficiency 1	Average Number of Days for Asbestos License Issuance
Efficiency 2	Average Cost per Surveillance Activity
Efficiency	Average Number of Days for Issuance of Licenses
Output 1	Number of Surveillance Activities Conducted
Output 2	Number of Enforcement Actions Initiated
Output 3	Number of Asbestos Licenses Issued
Output	Number of Licenses Issued

STRATEGY A.1.4 RADIATION CONTROL

Develop and implement comprehensive, uniform and effective risk assessment and risk management programs in the areas of consumer products, occupational and environmental health, and community sanitation.

Efficiency 1	Average Number of Days for License Issuance
Efficiency 2	Average Cost Per Surveillance Activity & Field Investigation Conducted
Output 1	Number of Surveillance Activities Conducted
Output 2	Number of Enforcement Actions Initiated
Output 3	Number of Licenses/Registrations Issued
Output 4	Number of Radiation Survey Meters Calibrated or Repaired

OBJECTIVE A.2 WIC PARTICIPATION

To increase the statewide participation of eligible low income women, infants, and children to 75 percent in programs delivering special supplemental food assistance and nutrition education by 2007; and increase the number of clients receiving comprehensive public health nutrition education in public health clinics in a culturally and ethnically appropriate manner by 2007.

Outcome 1	Percent of Eligible WIC Population Served
Outcome	Percent of Infants, Whose Mothers Were Participants in Program During Pregnancy, Breastfed or Before the Time of Their Certification for Eligibility

STRATEGY A.2.1 WIC FOOD & NUTRITION SERVICES

To provide nutrition services, including benefits, to eligible low income women, infants and children (WIC) clients, nutrition education and counseling.

Efficiency 1	Average Food Costs Per Person Receiving Services
Efficiency 2	Average Cost for Delivery of Nutrition Education & Other Clinic Services
Output 1	Number of WIC Participants Provided Nutritious Food Supplements
Output 2	Number of First Trimester Pregnant Women Newly Certified per Month
Output 3	Number of WIC Participants Served in Farmers Market Program
Output 4	Number of WIC Participants Provided Nutrition Education & Counseling
Explanatory 1	Incidence (Percent) of Low Birth Weight Babies Born to WIC Mothers

OBJECTIVE A.3 PREVENT DISEASE & INJURY

To decrease the burden of preventable diseases, injuries, conditions, and deaths by 2007.

Outcome 1	Percent of AIDS Cases Diagnosed Two Years Ago and Living 24 Month or More
Outcome 2	Percentage of Dogs and Cats Vaccinated before Exposure
Outcome 3	Prevalence of Smoking Among Adult Texans
Outcome 4	Rate of Human Exposure Calls to Poison Centers
Outcome 5	Vaccination Coverage Levels among Children Aged 19 to 35 Months
Outcome 6	Statewide Prevalence of Tobacco Use Among Middle School Youth
Outcome 7	Statewide Prevalence of Tobacco Use Among High School Youth
Outcome 8	Prevalence of Tobacco Use Among Middle School Youth-Pilot Target Areas
Outcome 9	Prevalence of Tobacco Use Among High School Youth-Pilot Target Areas
Outcome 10	Number of Adolescents/Young Adults with Chlamydia Per 100,000 Population
Outcome 11	Incidence Rate of TB Among Texas Residents
Outcome	Percent of Texas Counties Utilizing Bioterrorism Preparedness Plans

STRATEGY A.3.1 HIV & STD EDUCATION & SERVICES

Provide HIV and STD education to prevent the spread of infection, identify individuals infected with or exposed to HIV/STD, provide HIV/STD medications, and link infected and exposed individuals to health and social service providers for intervention.

Efficiency 1	Cost of HIV Prevention Counseling
Output 1	Number of Persons Provided Social & Medical Services after Diagnosis of HIV
Output 2	Number of Persons Served by the HIV Medication Program
Output 3	Number HIV Prevention Counseling Sessions

STRATEGY A.3.2 IMMUNIZATIONS

Implement programs to immunize Texas residents.

Efficiency 1	Average Cost Per Dose of Vaccine Purchased with State Funds
Output 1	Number of Doses Administered
Output 2	Number of Suspected and Confirmed Vaccine Preventable Disease Investigations
Output 3	Number of Vaccine Doses Purchased with State Funds
Explanatory 1	Dollar Value (In Millions) of Vaccine Provided by the Federal Government
Explanatory 2	Number of Sites Participating in Registry System

STRATEGY A.3.3 PREVENTABLE DISEASES

Implement programs to reduce the incidence of preventable health conditions such as zoonotic diseases, (including tuberculosis), and dental disease, and to improve epidemiological activities to track reductions.

Efficiency 1	Average Cost Per Surveillance Activity & Field Investigation Conducted
Output 1	Number of Surveillance Activities & Field Investigations Conducted
Output 2	Number of Birth Defect/Cancer/Environmental/Injury Reports Handled by Appropriate Registry
Output 3	Diabetes-related Technical & Education Consultations and Preventive Activities
Output 4	Number of Children Provided Dental Sealants
Output 5	Number of Persons with Latent TB Identified
Output	Diabetes-Related Prevention Activities
Output	Number of Educational Hours Provided on Bioterrorism Preparedness
Output	Number of Hours Spent by IDEAS Staff Performing Infectious Disease Investigations
Output	Number of Patients with Tuberculosis Reported in Texas
Output	Number of Zoonotic Disease Surveillance Activities and Field Investigations Conducted

STRATEGY A.3.4 CHRONIC DISEASE SERVICES

Provide prompt service and/or referral of all eligible applicants for chronic disease services.

Efficiency 1	Average Cost per Chronic Disease Service
Efficiency	Average Cost per Chronic Disease Service- Hemophilia Assistance Program
Efficiency	Average Cost per Chronic Disease Service-Kidney Health Care
Output 1	Number of Kidney Health Clients Provided Services
Output 2	Number of Technical/Educational Consultations to Alzheimer's Patients
Output 3	Number of Epilepsy Program Clients Provided Services
Output 4	Number of Hemophilia Assistance Program Recipients

STRATEGY A.3.5 TOBACCO EDUCATION AND PREVENTION

Develop and implement a statewide program to provide education, prevention and cessation in the use of cigarettes and tobacco products.

Efficiency 1	Average Cost Per Capita for Populations Served in Pilot Target Areas
Output 1	Number of People Served in Pilot Targeted Area

STRATEGY A.3.6 CHILDREN AND PUBLIC HEALTH

Issue grants to local communities for essential public health services to reduce health disparities and to improve health outcomes.

Explanatory 1	Number of Contractors Developing Essential Public Health Improvement Strategies
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STRATEGY A.3.7 PUBLIC HEALTH PREPAREDNESS

Planning and implementing programs to ensure public health preparedness for bioterrorism, natural epidemics, and other public health threats and emergencies.

Output	Number of Local Public Health Agencies Connected to the Health Alert Network (HAN)
Output	Number of Educational Hours Provided on Bioterrorism and Public Health Preparedness

GOAL B	COORDINATED MEDICAID SERVICES
	Develop a comprehensive approach to provide eligible Medicaid client health care services that are integrated with other direct services.
OBJECTIVE B.1	ACCESS TO HEALTH CARE
	During 2003-2007, improve access to health care service for all. Develop a comprehensive approach to provide health care services to eligible clients by increasing the range and scope.
Outcome 8	Percent of THS (EPSDT) Eligible Population Screened - Medical
Outcome 9	Percent of THSteps (EPSDT) Eligible Population Served -Dental
Outcome	Percent of THSteps (EPSDT) Eligible Population Screened in Traditional Fee for Services Medicaid - Medical
STRATEGY B.1.1	MEDICAL TRANSPORTATION
	Provide non-ambulance transportation for eligible Medicaid recipients to and from providers of Medicaid services,
Efficiency 1	Average Cost per One Way Trip
Output 1	Recipient One Way Trips
STRATEGY B.1.2	TEXAS HEALTH STEPS (EPSDT) MEDICAL
	Provide access to comprehensive diagnostic/treatment services for eligible clients by maximizing the use of primary prevention, early detection and management of health care in accordance with all federal mandates.
Efficiency 1	Average Cost per THSteps (EPSDT) Client Receiving Medical Check-ups
Efficiency 2	Average Cost per THSteps (EPSDT) Medical Check-ups Performed in Traditional Fee for Service Medicaid
Output 1	Number of THSteps (EPSDT) Medical Check-ups Performed in Traditional Fee for Service Medicaid
Output 2	Number of Newborns Receiving Hearing Screens
STRATEGY B.1.3	TEXAS HEALTH STEPS (EPSDT) DENTAL
	Provide dental care in accordance with all federal mandates.
Efficiency 1	Average Cost per THSteps (EPSDT) Dental Client
Efficiency 2	Average Cost per THSteps (EPSDT) Orthodontic Client
Output 1	Number of THSteps (EPSDT) Dental Clients Served
Output 2	Number of THS (EPSDT) Active Dental Providers
Output 3	Number of THSteps (EPSDT) Orthodontic Clients Served
Output	Number of THSteps (EPSDT) Active Dentists Providing Traditional Medical Services

GOAL C PROMOTE EQUITABLE ACCESS TO HEALTH CARE

- Work to eliminate disparities in health status among all population groups.
- Reduce rates of diseases and conditions which disproportionately affect minority populations.
- Allocate public health resources in a rational and equitable manner.
- Promote equitable access to quality health care and public health education for all populations through private providers, public clinics, and/or private-public cooperative ventures.

OBJECTIVE C.1 MATERNAL AND CHILD HEALTH SERVICES

To provide maternal and child health services to eligible women, infants, children, and adolescents.

Outcome 1	Number of Infant Deaths Per Thousand Live Births (Infant Mortality Rate)
Outcome 2	Percentage of Low Weight Births
Outcome 3	Percent of Women and Adolescents Receiving Family Planning Services
Outcome 4	Number of Pregnant Females Age 13-19 Per Thousand (Adolescent Pregnancy Rate)
Outcome 5	Perinatal Mortality Rate
Outcome 6	Percent Reduction in the Number of Births to Adolescents Age 13-17
Outcome	Percent of Women Who Receive Prenatal Care in the First Trimester
Outcome	Percent of Early Stage Diagnosis in BCCP Clients

STRATEGY C.1.1 WOMEN AND CHILDREN'S HEALTH SERVICES

Provide easily accessible, quality and community-based maternal and child health services to low-income women, infants, children, and adolescents.

Output 1	Number of Infants <1 and Children Age 1-20 Provided Services
Output 2	Number of Women Provided Services
Output	Number of Women Provided Clinical Early Detection Services

STRATEGY C.1.2 FAMILY PLANNING

Increase family planning services throughout Texas for adolescents and women.

Efficiency 1	Average Annual Cost per Family Planning Client
Output 1	Number of Adults and Adolescents Receiving Family Planning Services

STRATEGY C.1.3 SPECIAL NEEDS CHILDREN

Administer the Children with Special Health Care Needs (CSHCN) Program

Efficiency 1	Average Medical Cost per CSHCN
Output 1	Number of CSHCN Clients Receiving Case Management
Output 2	Number of Paid Hospital Days for CSHCN (CIDE) Clients
Explanatory	Number of Paid Hospital Days for CSHCN Clients
Output	Number of CSHCN Receiving Medical, Family Support and Other Related Services

STRATEGY C.1.4 ABSTINENCE BASED EDUCATION

Increase abstinence based education programs in Texas.

Output 1	Number of Persons Served in Abstinence Education Program
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OBJECTIVE C.2

PRIMARY HEALTH CARE

To provide primary health care-eligible indigent patients with a primary health care provider by 2007; to improve the availability of basic health care services in rural areas of Texas by increasing the percentage of primary care providers in rural counties by 2007; and to reduce the disparities and the occurrence of preventable diseases among each racial/ethnic population by 2007.

Outcome 1	Percent of Eligible Indigent Patients Provided Access to Primary Health Care (PHC)
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STRATEGY C.2.1 COMMUNITY HEALTH SERVICES

Develop systems of primary and preventive health care delivery to alleviate the lack of health care in underserved areas of Texas; and develop and implement program policies that are sensitive and responsive to minority populations.

Efficiency 1	Average Cost per Primary Health Care Eligible Patient
Efficiency 2	Average Cost Per Minority Health Initiative Developed
Output 1	Number of Primary Health Care Program Clients Provided Primary Health Care Services
Output 2	Number of Minority Health Initiatives Implemented

GOAL D COORDINATED HEALTH SYSTEM

- Establish a coordinated and unified statewide system of public health.
- Promote the development of competent and effective health leadership throughout the state, focusing on local level development.
- Coordinate public health policy and service delivery with state agencies, local government, public and private sectors, and the public.

OBJECTIVE D.1 PUBLIC HEALTH INFORMATION

By 2007, develop information and improve access to information to support public health policy decisions at the local, regional and state level .

Outcome 1	Percentage of Reports and Products Available on Websites
Outcome 2	Percent HEDIS Data Requests Filled with Standard THCIC Reports
Outcome	Percentage of Data Collected Annually by THCIC from HMOs Required to Submit HEDIS Data
Outcome	Percentage of Hospitals Required to Submit Hospital Inpatient Data to THCIC that Submitted Data

STRATEGY D.1.1 VITAL STATISTICS SYSTEM

Provide a cost-effective, timely and secure system for recording, certifying, and disseminating information relating to births, deaths, fetal deaths, marriages, and divorces occurring in this state.

Efficiency 1	Average Number of Days to Certify or Verify Records
Output 1	Number of Records Filed
Output 2	Number of Records Issued or Verified Electronically
Output 3	Number of Requests for Records Services Completed
Output 4	Number of Birth or Death Documents Validated

STRATEGY D.1.2 HEALTH DATA & POLICY

Collect, analyze and distribute data concerning health trends, status and systems as tools for decision-making policy.

Output 1	Number of Requests for Data and Information Completed
Efficiency 1	Average Number of Days to Complete Data and Information Requests

STRATEGY D.1.3 HEALTH CARE & OUTCOMES

Collect, analyze and distribute health care data concerning charges, utilization, provider quality, and outcomes.

Output 1	Number of Requests for Data
Output	Number of Reports Developed and Published Annually by THCIC Using Data Collected from Hospitals
Output	Number of Reports Developed and Published Annually by THCIC Using HEDIS Data

OBJECTIVE D.2 PUBLIC HEALTH SYSTEMS

During 2003-2007, improve access to health care services; and by 2007, each of the public health regions will coordinate and integrate services for preventive health, primary care, environmental health protection, trauma systems, inpatient tuberculosis care, and perinatal networks and poison control centers; to improve access to emergency health care for all Texans and visitors by implementing regionalized emergency health care systems (EMS/trauma) statewide.

Outcome 1	Trauma Death Rate
Outcome 2	Percentage of Reported Cases of TB that are Treated Appropriately
Outcome 3	Percent Change in Burden of Disease, Death and Disability Index

STRATEGY D.2.1 SUPPORT OF INDIGENT HEALTH SERVICES

Provide support to local governments and tertiary care facilities that provide indigent health care services.

Efficiency 1	Average State Expenditure per Eligible County
Output 1	Counties Receiving State Assistance Funds from the County Indigent Health Care Program (CIHCP)

STRATEGY D.2.2 EMERGENCY HEALTH CARE SYSTEM

Develop and enhance regionalized emergency health care systems.

Output 1	Number of Providers Funded: EMS/Trauma
Output 2	Number of Trauma Facilities
Output 3	Number of Regional EMS Systems

STRATEGY D.2.3 COORDINATED CARE: TDH HOSPITALS

Provide for more than one level of care for tuberculosis, infectious diseases and chronic respiratory disease patients, provided in systematic coordination among the two hospitals and other health care providers.

Efficiency 1	Average Length of Stay, Texas Center for Infectious Disease
Efficiency 2	Average Cost Per Patient Day, Texas Center for Infectious Disease
Efficiency 3	Average Cost Per Outpatient Visit Texas Center for Infectious Disease
Efficiency 4	Average Cost Per Outpatient Visit, South Texas Health Care System
Output 1	Number of Inpatient Days, Texas Center for Infectious Disease
Output 2	Number of Outpatient Visits, Texas Center for Infectious Disease
Output 3	Number of Outpatient Visits, South Texas Health Care System

STRATEGY D.2.4 PUBLIC HEALTH SERVICES

Coordinate essential public health services at the local level through public health regions and affiliated local health departments, emphasizing community involvement.

STRATEGY D.2.5 RENOVATION/CONSTRUCTION

Expend appropriated funds for renovation and construction of TDH hospitals.

Explanatory 1	Percentage of Appropriated Funds Expended for Renovation & Construction of TDH Hospitals
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STRATEGY D.2.6 INDIGENT HEALTH REIMBURSEMENT

Reimburse the provision of indigent health services through the deposit of funds in the state-owned multicategorical Teaching Hospital Account.

Explanatory 1	Average Monthly Number of Indigents Receiving Health Care Services
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STRATEGY D.2.7 SMALL URBAN HOSPITAL CAPITAL IMPROVEMENTS

Provide funding through competitive grants to assist small urban hospitals with capital improvement projects with the goal of increasing access to health care services needed within the community.

Explanatory 1	Number of Contracts Awarded to Small Urban Community Hospitals for Capital Improvements
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OBJECTIVE D.3

REGULATE HEALTH PROFESSIONS

To ensure that health care facilities meet state and federal regulations and that all health care professionals who are licensed, registered, certified, placed on a registry, permitted, or documented meet or abide by all applicable state regulations by 2007.

Outcome 1	Percent of Licensed, Certified Professionals Out of Compliance with State Regulations
Outcome 2	Percentage of Licensed/Certified AHCF Meeting State/Federal Regulations at Survey
Outcome	Percent of Total Professionals with No Recent Violations

STRATEGY D.3.1 HEALTH CARE STANDARDS

Implement programs to ensure timely, accurate issuance of licenses, certifications, permits, documentations and placing on a registry for health care professionals and implement cost-effective, efficient, consistent plan to license/certify and provide technical assistance to health care facilities.

Efficiency 1	Average Number of Days for Professional Accreditation
Output 1	Number Health Care Professionals Licensed, Permitted, Certified, Registered
Output 2	Number of Complaint Investigations Conducted
Output 3	Number of Facility Surveys Conducted
Output 5	Number of Licenses Issued for Health Care Facilities
Output	Number of Complaint Investigations Conducted
Output	Number of Entity Surveys Conducted
Output	Number of Licenses Issued for Health Care Entities

OBJECTIVE D.4

PROVIDE LAB SERVICES

To provide analytical laboratory services in support of TDH programs and goals.

Outcome 1	Percentage High Volume Tests Completed within Established Turnaround Time
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STRATEGY D.4.1 LABORATORY

Operate a state-of-the-art reference laboratory to provide essential support to disease prevention and other TDH associateship programs in the isolation, identification, detection and verification of living/nonliving agents which cause disease and disabilities.

Efficiency 1	Cost Per Work Time Unit
Output 1	Work Units Produced

STRATEGY D.4.2 LABORATORY-BOND DEBT SERVICE

Reference laboratory - bond debt service

